

Excerpt from *Action Plan for Arthritis*, by A. Lynn Millar

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Action Plan for Arthritis

A. Lynn Millar

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Working with Your Physician

From Chapter 1: Living and Thriving With Arthritis

Before starting a new exercise program, consult your physician. It is rare for doctors to advise their patients not to exercise at all, but they may restrict the type of activity because of preexisting joint damage or other disease. Consulting your doctor is especially important if you have not had a recent physical exam. Information from the checkup will enable your doctor to answer some of your questions about beginning an exercise program. Many people think that they do not need to see a physician because they are feeling fine; however, many chronic diseases associated with aging develop slowly, without noticeable signs or symptoms.

I used to work in a clinic that carried out health screenings for corporations. One gentleman told us that he had started a fitness program on his own the year before but had not been to a physician for years. Unfortunately, his stress test revealed significant coronary abnormalities, and he had to have bypass surgery the next day. Although the heart problem was identified and treated successfully, the lesson is this: Don't assume anything. Your physician will review your health history, age, current symptoms, and signs of developing problems and will determine whether you need any tests to complete your physical.

Approach the meeting with your physician as an informed and active participant, just as you take charge of your health by exercising. Find out what screening tests are generally recommended for your age and sex, and discuss with your physician the possible need for these tests. I also suggest making a list of questions to ask during your checkup and a list of any problems that you have had since you last saw a physician.

Communicate clearly and completely with your doctor. Most health care workers can tell stories about diagnoses that were initially missed because the patient either thought a problem was not worth mentioning or forgot to mention it. I treated a patient who was referred for a torn rotator cuff (shoulder muscle). As I

talked to him, I kept thinking that his symptoms were not all consistent with the diagnosis. When I examined his shoulder, one of the first things I noticed was a large, blistering rash under the arm on that side. He said that his physician had not seen the rash, nor had he told the doctor about it; he did not think it was important. After a few tests I sent him back to his doctor, because the problem was not a rotator cuff tear but a systemic problem. Let your physician decide what is important, as doctors are trained to do.

Questions to Ask Your Physician

- What general precautions should I be aware of regarding exercise and my current health?
- Do any medications I take affect my ability to exercise or my response to exercise?
- Are there any activities that I should not do?
- Is my arthritis systemic or nonsystemic?
- Do I need to use a splint or other joint protection device to participate in the activity?

You need the answers to these questions before you start exercising, for several reasons. First, very few people over the age of 40 have only one health problem. The risk of having more than one disease at the same time increases with age, and people with arthritis have an increased risk of heart disease. You may have a health concern that is more important than your arthritis in determining exercise limitations, either because of the condition itself or because of the medication used to control it. The presence of some diseases contraindicates exercise or requires precautions that your doctor can identify. With some diseases, such as diabetes, doctors must know what exercise you plan to do so that they can monitor your response and adjust your medications when necessary. Even if you are not yet 40, your physician may want to screen you for the many systemic diseases that can start at a younger age.

Second, the medications that you take may affect your ability to exercise or the way your body responds to exercise. For example, some of the most common medications used to control high blood pressure are beta-blockers. Beta-blockers affect your blood pressure and heart rate both at rest and during exercise. For this reason you may not be able to use heart rate to determine the intensity of aerobic exercise; you will need to use one of the other methods identified in chapter 3. Your doctor needs to know everything that you are taking, including supplements. Some herbal supplements and even some vitamins can interfere with the effectiveness of certain medications.

Finally, you need information about your specific type of arthritis, which will influence the activities you choose and the parameters of that activity. As noted in the introduction, there are more than 100 types of arthritis; some are systemic and some are specific to one or two joints. Your doctor can tell you which type

you have and whether there are any contraindications to exercise or any special requirements for activities.

For example, rheumatoid arthritis affects numerous systems. People with this type of arthritis may need a lower-intensity activity, especially during flare-ups. Some arthritis patients need a protective device for a joint, such as a wrist or finger splint for activities involving the upper extremities. Your physician may have you see a physical therapist for a detailed musculoskeletal exam to determine the need for splints. You may also benefit from a prescription medication for pain and inflammation control.